

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/019229

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|--|----------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 23 minus 20= * | 3 |
| INDEPENDENT CLAIMS | 7 minus 3 = * | 4 |
| MULTIPLE DEPENDENT CLAIM PRESENT <i>Improper</i> <input checked="" type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 240.00 |
| X\$18= | 54 |
| X84= | 336 |
| +280= | |
| TOTAL | 1280 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| | | | | |
|-------------|---|---|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| | | | | |
|-------------|---|---|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| | | | | |
|-------------|---|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TO: PCT OFFICE OF FINANCE
CRYSTAL PLAZA 2 - 5TH FLOOR

FROM : PCT INTERNATIONAL DIVISION - DO/EO
CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS :

| FROM | | TO | |
|------------|------------|------------|-----------|
| CODE | FEE | CODE | FEE |
| <u>966</u> | <u>198</u> | <u>966</u> | <u>54</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OTHER :

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND ADDITIONAL FEES |
| <input type="checkbox"/> | OTHER : _____ |

THE ORIGINAL METHOD OF PAYMENT WAS :

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | BY A CHECK |
| <input type="checkbox"/> | BY A CHARGE TO DEPOSIT ACCOUNT NO. _____ |